



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES

P.O. Box 9033 • Olympia, Washington 98507-9033
Telephone (360) 902-8760 • TDD (360) 664-8126 • FAX (360) 902-0524 • <http://www.dfi.wa.gov/sd>

ESCROW AGENT CHANGE OF DESIGNATED ESCROW OFFICER

PLEASE CHECK APPLICABLE BOX: ☐ MAIN OFFICE ☐ BRANCH OFFICE

1) ESCROW AGENT COMPANY NAME: _____

TRADE NAME _____ LICENSE NUMBER _____

PHYSICAL ADDRESS: _____
Of affected location

City County State Zip

Phone Fax e-mail address

MAILING ADDRESS: _____
If different

City County State Zip

2) OUTGOING DESIGNATED ESCROW OFFICER:

NAME: _____ LICENSE NUMBER _____
Last First Middle

RESIDENCE ADDRESS: _____

City County State Zip

Phone Fax e-mail address

3) INCOMING DESIGNATED ESCROW OFFICER:

NAME: _____ LICENSE NUMBER _____
Last First Middle

RESIDENCE ADDRESS: _____

City County State Zip

Phone Fax e-mail address

INCOMING DESIGNATED ESCROW OFFICER [NAMED IN (3) ABOVE] IS HEREBY APPOINTED AS AN ESCROW OFFICER TO REPRESENT, ACT FOR AND ON BEHALF OF, THE ESCROW AGENT [NAMED IN (1) ABOVE] COMPANY:

Signature of Controlling Person at Escrow Agent Company [per WAC 208-680C-045(2)(a)]

Date

OPTIONAL – The reason for the departure of your outgoing DEO is:

☐ termination ☐ resignation or retirement ☐ death ☐ other _____ (attach explanation if desired).

INSTRUCTIONS FOR CHANGE OF DESIGNATED ESCROW OFFICER (DEO)

1) ESCROW AGENT (COMPANY):

- Complete this form with fee \$26.54, payable to the "Washington State Treasurer."
- The Controlling Person must sign the appointment at the bottom of page 1 of this form.
- Surrender the previous original Escrow Agent (or Branch Escrow Agent) license for the location.
- Complete (by BOTH the outgoing DEO and incoming DEO) the Trust Funds Responsibility Form (below).
- Enclose verification of coverage for new DEO on Agent's insurance (E & O, Fidelity bond).

2) OUTGOING DEO:

- Surrender the original Designated Escrow Officer license for the outgoing DEO.
- DFI will place this escrow officer license on "inactive" status, unless otherwise instructed.
- Complete the Trust Funds Responsibility Form (below).

3) INCOMING DEO:

- Are you currently licensed?

YES

- Surrender the original Escrow Officer license
- Complete an Escrow Officer Transfer form (available on the website at www.dfi.wa.gov/sd)
- Enclose transfer fee \$26.54, payable to the "Washington State Treasurer"

NO

- Apply to take, and pass, the written Escrow Officer Examination (separate \$159.26 fee, form available at www.dfi.wa.gov/sd)
 - Complete an Escrow Officer Application form (available on the website at www.dfi.wa.gov/sd)
 - Enclose application fee \$169.87, payable to the "Washington State Treasurer"
- Include a personal credit report (including public records search) for the incoming DEO.
 - Provide a pair of fingerprint cards for the incoming DEO.
 - If the credit report and fingerprint cards currently on file at DFI are less than two years old, new ones are not required.
 - Complete the Trust Funds Responsibility Form (below).

Escrow Officer Examination Registration and other forms are available upon request from DFI or at www.dfi.wa.gov/sd

All documentation in package should be mailed to DFI as per letterhead on page 1.

ESCROW AGENT CHANGE OF DESIGNATED ESCROW OFFICER ESCROW TRUST FUNDS RESPONSIBILITY FORM

As of _____, I, _____, License No. _____,
date printed name of outgoing designated escrow officer outgoing DEO

for purposes of WAC 208-680D-010, hereby list all outstanding liabilities of the trust account(s) maintained by the escrow agent as \$_____, and hereby certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

Signature of outgoing designated escrow officer

mm/dd/yyyy

City, State

OPTIONAL – The reason for the departure of your outgoing DEO is:

☐ termination ☐ resignation or retirement ☐ death ☐ other _____ (attach explanation if desired).

As of _____, I, _____, License No. _____,
Date printed name of incoming designated escrow officer incoming DEO

for purposes of WAC 208-680D-010, hereby acknowledge that the responsibility for preexisting escrows has been transferred to me, list all outstanding liabilities of the trust account(s) maintained by the escrow agent as \$_____, and certify that these trust funds are adequate to meet all outstanding trust liabilities. I have reviewed a current trial balance listing all outstanding trust liabilities and/or other documents necessary for me to make this certification.

Signature of incoming designated escrow officer

mm/dd/yyyy

City, State